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uant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

RÉE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

	Complete if Known	
Application Number	09/269,684	
Filing Date	March 30, 1999	
First Named Inventor	Harold Blatter	
Examiner Name	Robert Chevalier	
Art Unit	2484	
Attorney Docket No.	RCA 88.423: Customer No. 24498	

Memor Check Credit card Money Order None Other (please blankly): Check Credit card Money Order Done Other (please blankly): Charge face(s): Check Credit card Money Order Done Other (please blankly): Charge face(s): Charge face(s): Charge face(s): Charge face(s): Charge any additional face(s) or underpayments of Charge face(s): Charge any additional face(s) or underpayments of Charge face(s): Charge any additional face(s): Charge any additional face(s): Charge face(s): Cha	TOTAL AMOUNT O	F PAYMENT	(\$) 810.	.00	Attorney Docket No.	RCA 88,4	23; Custome	r No. 24498
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee								
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Refe(s) under 37 CFR 1.16 and 1.17 MANNING: Information and is form may become public. Credit card information should not be included on this form. Provide credit card information and suthorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)	⊠ Charge fe	e(s) indicated	d below		☐ Charge fee			t for the filing fee
Information and authorization on PTO-2038. FEE CALCULATION (All the fees bellow are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES Small Entity Sma	fee(s) under :	37 CFR 1.16	and 1.17					
Application Type	WARNING: Information information and author	on this form mail ization on PTO-	ay become pu 2038.	blic. Credit card ir	itormation should no	t be included on	this form. Provid	de credit card
Small Entity Smal	FEE CALCULATION	(All the fees b	oelow are du	e upon filing or	may be subject to	a surcharge.)		
Utility	1. BASIC FILING, SE	FILING FE	ES			EXAMINA		ntity
Design 200 100 100 50 130 65	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Plant 200 100 300 150 160 80	Utility	300	150	500	250	200	100	
Reissue 300 150 500 250 600 300	Design	200	100	100	50	130	65	
Provisional 200 100 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80	
2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee (\$) Each claim over 20 (including Reissues) Each claim over 30 (including Reissues) Each independent claims Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)	Reissue	300	150	500	250	600	300	
Fee (\$) Fee	Provisional	200	100	0	. 0	0	0	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Independent Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid	2. EXCESS CLAIM F	EES					Small E	intity
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Total Claims - or HP =	*	, -	Reissues)					•
- or HP = x x \$50 = \$ Fee (\$) Fee Paid (\$) Independent Claims Extra Claims Fee (\$) Fee Paid (\$) - or HP = x \$200 = 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 =	i i		a Claime	Eac (\$)	Eco Paid (\$)	-		· - ·
HP = highest number of total claims paid for, if greater than 20. Independent Claims								
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 =			a Claims					
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SUBMITTED BY	SUBMITTED BY							

SUBMITTED BY						
Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445	
Signature	Chill's				May 27, 2011	

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ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). ÉE TRANSMITTAL

for FY 2007

RENTS TRACE

Applicant claims small entity	status.	See 37 CFR	1.27
TOTAL AMOUNT OF PAYMENT	(\$)	810.00	

Complete if Known				
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First Named Inventor	Harold Blatter			
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Art Unit	2484			
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METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):							
 ☑ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 							
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F	EES			•		Small E	ntity
Fee Description				•	Fe	e (\$)	Fee (\$)
Each claim over 20 (incl	uding Reissues)			:	50	25
Each independent claim	,	ng Reissues)			20		100
Multiple dependent clain		tan Claima	F (\$)	Foo Doid (6)	36	-	180
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	JORGE TO	NY	Registration No.				